State of Illinois Uniform Notice of Funding Opportunity (NOFO)
Summary Information

Awarding Agency Name	Public Health
Agency Contact	Sarah O'Connor (sarah.oconnor@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	CATCPN-26
Funding Opportunity Title	Carolyn Adams Ticket for the Cure Patient Navigation Grant
CSFA Number	482-00-3325
CSFA Popular Name	CATCPN
Anticipated Number of Awards	10
Estimated Total Program Funding	$2,500,000
Award Range	$0 - $2500000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	06/05/2025
Application Date Range	06/05/2025 - 07/07/2025 : 5.00PM
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx
Technical Assistance Session	Offered : Yes Mandatory : No Date : 06/17/2025 : 1pm Registration link : https://illinois.webex.com/illinois/j.php?MTID=ma19980f6f18832eae62b3b875ee3a486

Uniform Notice of Funding Opportunity (NOFO)

	D	
1.	**Awarding Agency Name:**	Illinois Department of Public Health
2.	**Agency Contact:**	Name: Sarah O'Connor Phone: 217-524-9297 Email: Sarah.oconnor@illinois.gov
3.	**Announcement Type:**	☒ Initial announcement ☐ Modification of a previous announcement
4.	**Type of Assistance**	Grant
5.	**Agency Opportunity**	CATCPN-26
6.	**Funding Opportunity Title:**	Carolyn Adams Ticket for the Cure – Patient Navigation
7.	**CSFA Number:**	482-00-0927
8.	**CSFA Popular Name:**	Carolyn Adams Ticket for the Cure – Patient Navigation
9.	**CFDA Number(s):**	N/A
10	**Number of Anticipated**	10 - 15
11	**Estimated Total Funding**	$2,500,000.00
12	**Single Award Range:**	FY26 = Up to $250,000.00
13.	**Funding Source:** Mark all that apply	☐ Federal or Federal pass-through ☒ State ☐ Private / other funding
14	**Is Cost Sharing or Match**	☐ Yes ☒ No
15.	**Indirect Costs Allowed?** **Restrictions on Indirect Costs?**	☒ Yes ☐ No ☐ Yes ☒ No If yes, provide the citation governing the restriction:
16	**Posted Date:**	6/5/2025
17.	**Application Date Range:** Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 6/5/2025 End Date: 7/7/2025 End Time: 5:00 p.m. CST
18.	**Technical Assistance Session:**	Session Offered: ☒ Yes ☐ No Session Mandatory: ☐ Yes ☒ No Date and time: Tuesday, June 17, 2025 – 1:00pm to 2:00pm Conference Info/Registration Link: https://illinois.webex.com/illinois/j.php?MTID=ma19980f6f18832eae62b3b875ee3a486

A. **Program Description**

What is the Carolyn Adams Ticket for the Cure?

On July 6, 2005, PA 94-0120 was signed into law, creating the Illinois Ticket for the Cure instant lottery ticket. Net revenue from the sale of this ticket goes to the Illinois Department of Public Health (IDPH), Office of Women's Health and Family Services, which awards grants to public and private entities in Illinois for the purpose of funding breast cancer research, education, and services for breast cancer survivors.
For the FY26 Carolyn Adams Ticket for the Cure Community Grant Program, grants will be given to organizations to conduct work that promote equity in breast cancer outcomes by conducting Patient Navigation activities.

Program Details:
Patient navigation helps guide patients through and around barriers in the complex cancer care system to help ensure timely diagnosis, treatment, and support. This is also critical to survival and early detection, and the medical community in the U.S. is seeing huge successes through patient navigation programs. Patient navigation refers to the individualized assistance provided to patients through the cancer care continuum to navigate the complex health care system. Patient navigation generally provides assistance to individual patients for a defined episode of cancer-related care, targets a defined set of health services to complete a specific cancer care goal, has a defined end point in which service delivery is complete, focuses on identifying and resolving barriers to receiving care, and aims to reduce delays in accessing services throughout the continuum of breast cancer care. Patient navigation programs vary widely in terms of the personnel and services provided. Patient navigators may be health care professionals (e.g., nurses, social workers) or lay/community health workers (e.g., peer supporters, cancer survivors) with various educational backgrounds and training. Depending on the needs of patients, barriers identified, and targeted cancer care goals, navigators provide a wide range of support, including emotional, logistical/practical, and informational.

Community navigation activities include identifying priority populations in the community; providing culturally competent health education and social support; help reduce participant's barriers to accessing clinical services; and linking individuals to screening and prevention services.

Clinical patient navigator activities include enrolling patients from priority populations; assessing patient barriers to breast screening/diagnostics; providing culturally competent health education and social support; facilitating resolution of patient barriers; conducting patient tracking and follow up; and ensuring patients and primary care providers receive prevention, screening, and diagnostic services. Navigation activities must include the care coordination model as clients are navigated through diagnosis and treatment.

NAVIGATION PRINCIPLES
- Navigation is a client-centered approach to health care delivery.
- The primary purpose of navigation is to remove or reduce barriers to timely care by building a one-on-one relationship with the client.
- The role of the navigators should be clearly defined and separate from that of providers.
- Services should be cost-effective and correspond with the navigator's level of training.
- Services should be cost-effective and correspond with the navigator's skill level.
- Services should be customized to meet the unique needs of each client.
- Plans for routine follow-up of client.

-   Include plan for hospice or end of life care if needed.

Services that navigators provide may include:
-   Education and outreach in the community.
-   Guidance through screening and diagnostic exams.
-   Support through treatment and survivorship.
-   Assistance with financial, administrative, and emotional issues.

Program Specifics:

The Navigation can be conducted in a few ways:
1) **Enhance an existing Patient Navigation program within your organization** – survey your initial patient navigation services and create a plan to expand upon the existing patient navigation efforts, in terms of broadening services, adding additional navigators, training for existing navigators or identifying additional ways to enhance existing services.
2) **Build a Patient Navigation program within your organization** – create a patient navigation program at your organization to best serve individuals dealing with breast cancer screening or treatment. Provide extensive training for navigator(s). Discuss your plans for follow up throughout treatment and diagnosis including how you would navigate the client through the continuum of care.

Program Goals per the Workplan:
1) Develop or sustain infrastructure to navigate patients to breast cancer screening or treatment.
2) Provide navigation services or patients in need of breast cancer screenings or treatment.
3) Conduct outreach that identifies patients in need of navigation services and connect them to the Illinois Breast and Cervical Cancer Program, if needed.

Program Reporting metrics will include the following for all grantees (per the Workplan):
-   Demographics of individuals served**:
    o   Age
    o   Race/ethnicity
    o   Zip code
    o   New or established patient in care.
    o   Did patient receive past screenings.
    o   Did patient receive cancer diagnosis, if so when, type, and treatment provided.
    o   Breast Cancer risk factors.
    o   Medical risk factors.
    o   Language(s) spoken.
    o   Does the individual have insurance:
        -   Medicaid
        -   Private
        -   Uninsured
        -   Number of individuals connected to the Illinois Breast and Cervical Cancer Health Line

**_Since the goal is to support individuals to connect with care, it is within scope to collect data on individuals served._

Outreach may be part of the strategy to engage individuals and recruit them to care. If the agency hosts events for this strategy, they must report on outreach metrics for those proposed activities.

Program Activities must include the following for outreach events:
1. Number of people converted from outreach to care within grantee organization.
2. Number of people connected to IBCCP health line.
3. Number of events:
    a. Type of event: in-person vs virtual event; social media campaign; etc.
    b. Where event was located: must include zip code and location specifics such as school, community center, church, walk/run, etc.
    c. Priority population to reach; language/geography.
    d. Materials used to promote event.
4. Number of people reached per event.

Other optional metrics (participants may not want to disclose these data):
- Age
- Language
- Race/ethnicity

The Illinois Department of Public Health places health equity as a top priority. Health equity is the "basic principle of public health that all people have a right to health". Health equity exists when all people can achieve comprehensive health and wellness despite their social position or any other social factors/determinants of health. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, disability access and supports, freedom from racism and other forms of discrimination) that support health…. Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions. The department's efforts are committed to addressing health through an equity lens by empowering communities who have been historically marginalized and developing intervention strategies with the end goal of furthering health equity among all Illinoisans.

B. Funding Information
This award is utilizing ☐ federal pass-through, ☒ state and/or ☐ private funds.

The Office of Women's Health and Family Services will be offering breast cancer community grant programs during fiscal year 2026. These grants will be for 12 months (July 1, 2025, through June 30, 2026).

C. Eligibility Information
Regardless of the source of funding (federal pass-through or State), all grantees are required to register with the State of Illinois through the Grant Accountability and Transparency Act (GATA) website, https://gata.illinois.gov/, complete a prequalification process, and be determined "qualified" as described in Section 7000.70.   Registration and prequalification is required before an organization can apply for an award.
The entity is "qualified" to be an awardee if it:
1. has an active UEI (Unique Identity ID) number;
2. has an active SAM.gov account;
3. has an acceptable fiscal condition;
4. is in good standing with the Illinois Secretary of State, if the Illinois Secretary of State

requires the entity's organization type to be registered. Governmental entities, school districts and select religious organizations are not required to be registered with the Illinois Secretary of State. Refer to the Illinois Secretary of State Business Services website: http://www. cyberdriveillinois.com/departments/business_services/home.html;

5. is not on the Illinois Stop Payment List;
6. is not on the SAM.gov Exclusion List;
7. is not on the Sanctioned Party List maintained by HFS.

1. *Eligible Applicants*
Health Departments and Community-Based organizations with 501c3 status. Only one grant will be awarded per organization. It is preferred that agencies apply for the Patient Navigation grant or the Community Outreach grant, but not both.
This grant program is competitive, and funding is limited. Awards will be based on scores and available funding. It is important to note that all applicants **may not** receive an award.

2. *Cost Sharing or Matching*
N/A

3. *Indirect Cost Rate*

Annually, each organization receiving an award from a State grantmaking agency is required to enter the centralized Indirect Cost Rate System and make one of the following elections for indirect costs to State and federal pass-through grants:
  I.   Federal Negotiated Indirect Cost Rate Agreement (NICRA);
  II. Election of the de minimis rate;
  III. Election not to charge indirect costs; or
  IV. Negotiate an indirect cost rate with the State of Illinois.
The awardee shall make one election or negotiate a rate that all State agencies must accept unless there are federal or State program limitations, caps or supplanting issues.

4. *Other, if applicable*
N/A

D. Application and Submission Information

1. *Address to Request Application Package*
Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com.

Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:
Sarah O'Connor
Illinois Department of Public Health
535 W. Jefferson St., 5th Floor
Springfield, IL 62761
Sarah.O'Connor@illinois.gov

2. *Content and Form of Application Submission*

The application format is provided via EGrAMS as mandated for all Illinois Department of Public Health grants. **The application MUST be completed in its entirety.** This includes submission of all mandatory forms required for all agencies.

Please note that "Instructions" boxes appear on screens throughout the EGrAMS online application, and it is suggested that you click on these for additional guidance and tips for completion.

You MUST submit a complete application including all required documents via EGrAMS by the deadline.

3. *Unique Entity Identifier (UEI) and System for Award Management (SAM)*
Each applicant, unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)), is required to:

    i. Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: https://sam.gov/SAM/
    ii. provide a valid UEI in its application; and
    iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable UEI and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

4. *Submission Dates and Times*
See 17 on Page 1 of this NOFO.
Applications must be submitted through the Illinois Department of Public Health Electronic Grants Administration & Management System (EGrAMS). Applications must be received by the close of business (5:00 p.m. CST) on July 7, 2025.

Missing the identified submission deadline will result in the denial of the grant application for review and further processing.

5. *Intergovernmental Review, if applicable*
N/A

6. *Funding Restrictions*
All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program unless specifically allowed under grant program guidelines. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for repayment of those funds used for the prohibited purpose. Regardless of the source of funding (federal pass-through or State), all grant-funded expenses must be compliant with Cost Principles under Subpart E of 2CFR200 unless an exception is noted in federal or State statutes or regulations.

Allowability

Allowable – All grant funds must be used for items that are necessary and reasonable for the proper and efficient performance of the grant and may only be used for the purposes stated in the grant agreement, work plan, and budget. Items must comply with all applicable state and federal regulations.

Allocable – Grant-funded costs must be chargeable or assignable to the grant in accordance with relative benefits received. The allocation methodology should be documented and should be consistent across funding sources for similar costs.

Reasonable – The amounts charged for any item must be reasonable. That means the nature and amount of the expense does not exceed what a prudent person under the same circumstances would expend; and that the items are generally recognized as ordinary and necessary for the performance of the grant.

Allowed Uses

Funding may be used for the following:
This is not an exhaustive list*
- Staff salary including fringe benefits.
- Trainings (in-service or external) for Patient Navigation for any staff identified by the agency as personnel working on patient navigation services, breast cancer trainings, patient navigation certifications.
- Travel expenses related to patient navigation.
- Supplies/materials for patient navigation activities.
- Printing and paper supplies.
- Educational and instructional materials.
- Vouchers for clients with transportation barriers.
- Assistance for clients with childcare barriers.
- Purchases of equipment for new staff hires.
- Contractual services for translation, captioning, interpreter services.

Prior Approval ONLY

With prior approval, funding may be used for the following:
- Marketing materials - any incentives or materials must contain health education, IDPH Logo, IBCCP hotline, or other health related language.

Funding Use Prohibitions
Funding may NOT be used for the following:
- Vehicles
- Gift cards
- Indirect cost plan allocations
- Bad debts
- Contingencies or provisions for unforeseen events
- Contributions and donations
- Entertainment, food, beverages, and gratuities
- Fines and penalties
- Legislative and lobbying expenses
- Real property payments and purchases

Additional Funding Guidance

7. *Other Submission Requirements*
    N/A

E. Application Review Information
 Applications will be reviewed and scored by IDPH Program staff for completeness and accuracy as well as the criteria identified below:

1. *Criteria*
        Applications will be reviewed for:
- Applicant Organization Information
- Applicant Demographic need
- Grant Project Proposal (Scope of Work) This is a competitive grant and not all applicants will be funded. Please ensure that all responses are detailed and completely address the question(s) asked. (Scope of Work = 35 pts)
- Work Plan must provide objectives/goals with measurements and expected outcomes. Strategies must be Specific, Measurable, Achievable, Realistic, Timely, Inclusive and Equitable (SMARTIE).
    - Specific – Make your goals specific and narrow for more effective planning.
    - Measurable – Define what evidence will prove you're making progress and reevaluate when necessary.
    - Achievable – Make sure you can reasonably accomplish your goal within a certain timeframe.
    - Realistic – Your goals should align with your values and long-term objectives.
    - Timely – Set a realistic end date for task prioritization and motivation.
    - Inclusive – It includes those most impacted—into processes, activities, and decision/policymaking in a way that shares power.
    - Equitable – It includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression. (Outcomes and measurements MUST align with the stated activities) (Work Plan = 15 pts)
- Budget Justification (in narrative of budget) (Budget = 15 pts)
- Applicant Certification
- Miscellaneous and required attachments:
    - Letter of Partnership from IBCCP Lead Agency
    - W-9 Form
    - Resumes of program personnel services

It is preferred that agencies apply for the Patient Navigation grant or the Community Outreach grant, but not both.

Health-Equity Based Review
    A significant portion of the application review will be based on how the application abides with

the following areas**:**
    A. Addressing all components of the IDPH Health Equity Checklist
    B. Reference the Health Equity Definition
    C. Incorporation of key definitions from the IDPH Health Equity Checklist
    D. Reference to culturally and linguistically appropriate services
    E. Focus on the Social Determinants of Health

Health Equity Checklist
Applying this checklist to all IDPH grant applications will assist and guide applicants to review their existing practices and provide a structure for them to modify their practices in a way that promotes health equity. The Health Equity Checklist walks entities through considerations for assessing health equity by posing 7 questions and action steps to engage disparately impacted populations and to assess the short and long-term impacts of health inequities within these communities.

The Health Equity Checklist is worth **35 points** unless otherwise noted above.

Health Equity Definition
The proposed program should aim to reduce health disparities and health inequities where they exist. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as **health disparities**. **Health equity**, then, as understood in public health literature and practice, is when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[1] This definition is taken from IDPH's Health Equity Checklist. Given that social disparities are rooted in institutional structuring, quality and controls of the underlying infrastructure and resource sectors that support the community members, it is imperative that participating entities engage in a structured inquiry that identifies unmet social determinants of health that communities of color are enmeshed within which have resulted in population-based disparities. Understanding health equity is essential for all participating agencies to engaged in intervention strategies, reflect on social determinants of health, and promote health equity in research, development, practice, and evaluation.

Incorporation of Key Definitions from IDPH Health Equity Checklist
The Health Equity Checklist from IDPH includes key terminology to incorporate. These terms will help guide the awardees in developing strategies that are shared across other public health organizations. These key definitions address health inequities in research and practice. Incorporating health equity terms into the lexicon will not only improve communications between communities but will also help engage diverse stakeholders. This is a step towards shifting the paradigm on how to approach and view health. Please address the Health Equity checklist as a referral to terms that are used most frequently to discuss health disparities, health equity and minority health The detailed list of the key definitions can be found in the Health Equity Checklist.

For more information on Health Equity terminology from the Association of State and Territorial Health Officials (ASTHO).[2]

Culturally and Linguistically Appropriate Services

---

[1] Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from
https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7qI/edit?usp=sharing
[2] Association of State and Territorial Health Officials (ASTHO). (2018). Guidance for Integrating Health Equity Language Into Funding Announcements February 2018. Retrieved from https://www.astho.org/Health-Equity/Guidance-for-Integrating-Health-Equity-Language-Into-Funding-Announcements/

Due to the diversity of Illinois residents, there must be an aim to implement the National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) set by the Department of Health and Human Services.[3] The National CLAS Standards is intended to improve health outcomes, advance healthcare quality and eliminate health inequities. In order to address current and past discrimination, maltreatment, and cultural barriers, the programs should strive to ensure that all services and resources are provided in a manner that is equitable to the underserved, underrepresented, socially disadvantaged due to race, ethnicity, sexual or gender identity, and/or disability. All activities and interventions should be designed to align with the health equity framework.

Focus on Social Determinants of Health

The program must address the Social Determinants of Health. Social Determinants of health are the conditions where people are born, live, learn, work, play and worship. The reality of these conditions and the distribution of life-enhancing resources have major impacts on the health, longevity, and the quality of life for Illinois residents. Efforts in addressing social determinants of health will provide a health equity framework for program development.[4] In addition, there must be a focus on health through collaboration with Non-Health Sectors.

2. ***Review and Selection Process***
   This is a competitive grant. Agencies identified in Section C of this Notice of Funding Opportunity are eligible to apply for funding but not all applicants will receive an award. It is preferred that agencies apply for the Patient Navigation grant or the Community Outreach grant, but not both.

   Applicants must use the health equity checklist questions to identify both the short and long-term impacts to health equity, health inequalities and health inequities of the proposed intervention strategy.

   <u>Merit-Based Review Appeal Process</u>
   For competitive grants, only the evaluation process is subject to appeal. Evaluation scores or funding determinations/outcomes may not be contested and will not be considered by the Department's Appeals Review Officer.

   To submit an appeal, the appealing party must:
   - Submit the appeal in writing and in accordance with the grant application document through IDPH's Merit-Based Review Appeal Request Form available here: https://app.smartsheet.com/b/form/ed4d113385de41feb38964a8005ce72b
   - Appeals must be received within 14 calendar days after the date that the grant award notice was published.
   - Appeals must include the following information:
     - The name and address of the appealing party
     - Identification of the grant
     - A statement of reasons for the appeal
     - If applicable, documents or exhibits to support statement of reason

   The IDPH Appeals Review Officer (ARO) will consider the grant-related appeals and make a recommendation to the appropriate Deputy Director as expeditiously as possible after receiving all

---

[3] U.S. Department of Health and Human Services. (2018). The National CLAS Standards. Retrieved from https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
[4] U.S. Department of Health and Human Services. (2020). Social Determinants of Health. Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

relevant, requested information.
- The ARO must review the submitted Appeal Request Form for completeness and acknowledge receipt of the appeal within 14 calendar days from the date the appeal was received.
- The ARO will utilize an Appeal Review Tool to consider the integrity of the competitive grant process and the impact of the recommendation.
- The appealing party must supply any additional information requested by the agency within the time period set in the request.
- The ARO shall respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.

Documentation of the appeal determination shall be sent to the appealing party and must include the following:
- Standard description of the appeal review process and criteria
- Review of the appeal
- Appeal determination
- Rationale for the determination
- In addition to providing the written determination, the grant-making office may do the following:
- Document improvements to the evaluation process given the findings and re-review all submitted applications.
- Document improvements to the evaluation process given the findings and implement improvements into the following year's grant evaluation process.
- Provide written notice to the appealing party as to how the identified actions will be remedied.

Appeals resolutions may be deferred pending a judicial or administrative determination when actions concerning the appeal have commenced in a court of administrative body.

3. *Anticipated Announcement and State Award Dates, if applicable.*
   Anticipated award announcement is July 2025.

   Anticipated Announcement Date (if known):   Click or tap to select a date.
   Anticipated Program Start Date: 7/1/2025
   Anticipated Program End Date: 6/30/2026

F. Award Administration Information

1. *State Award Notices*
   Upon completion of the submission and review process, each successful grantee will receive a grant agreement to be signed by the entity's authorized official. The grant agreement is not binding on the parties until it has been fully executed by the Illinois Department of Public Health.

   A Notice of State Award (NOSA) shall be issued to the finalists who have successfully completed all grant award requirements and have been selected to receive grant funding.
   The NOSA will specify the funding terms and specific conditions resulting from applicable pre-award risk

assessments.

The Illinois Department of Public Health (IDPH) is exempt from utilizing the standard NOSA issued on the GATA Grantee Portal. Successful applicants will receive an email notification from EGrAMS and must review the funding terms and specific conditions in the grant agreement and accept utilizing an electronically signature. Both the electronic signature in EGrAMS and a physical signature on the grant agreement must be completed by an authorized representative of the grantee organization and submitted to IDPH.

A Notice of Denial shall be sent to the applicants not receiving awards via EGrAMS.

2. *Administrative and National Policy Requirements*
 N/A

All grantees receiving one or more federally-funded subawards from IDPH equal to or greater than $30,000 must provide compensation information within EGrAMS prior to issuance of an award. Grantees will not be able to sign grant agreements or amendment agreements until this requirement is complete. Annual completion of this requirement is necessary for multiyear grants.

3. *Reporting*
Grantees are required to submit four quarterly reports, end of fiscal year reports and an end of the year report. All reports will be submitted electronically through EGrAMS.

All grantees are required to submit reports on time as required by the Department. Failure to submit required reports in a timely manner will result in holding reimbursements and may affect future funding to the grantee.

For the FY2026 grant award, reports shall be submitted quarterly to the Department, electronically in the format required by the Department.

G. State Awarding Agency Contact(s)
Sarah O'Connor
Illinois Department of Public Health
535 W. Jefferson St., 5th Floor
Springfield, Illinois 62761
Sarah.Oconnor@illinois.gov

H. Other Information, if applicable
 N/A

Mandatory Forms -- Required for All Agencies
1. **Uniform State Grant Application – Available at idphgrants.com for eligible applicants**
2. **New to EGrAMS, click HERE to see how to Get Started**
3. **Project Narrative (included in EGrAMS application)**
4. **Budget (included in EGrAMS application)**
5. **Budget Narrative (included in EGrAMS application)**

Other program-specific mandatory forms:

Submit the following, separate, documents within the application as uploaded attachments.

1. Organization W-9
2. Resumes for Health Professionals, as applicable
3. Subcontractor agreements, as applicable
4. Letter of Support from IBCCP Lead Agency
5. Work Plans